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005160I

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 APR -9 PM 12:07

DOCUMENT # P94000080548

1. Corporation Name
15190 PRESTONWOOD BOULEVARD INC.

Principal Place of Business	Mailing Address
1801 HERMITAGE BLVD SUITE 600 TALLAHASSEE FL 32308 US	1801 HERMATIGE BLVD SUITE 600 TALLAHASSEE FL 32308 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/02/1994

4. FEI Number
36-3985541
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

9. Name and Address of Current Registered Agent

TODD, DAVID E
1801 HERMITAGE BLVD
SUITE 100
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

200002840312--7
-04/15/99--01077--014
****150.00 ****150.00

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required for electronic filing) DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	[ ] DELETE
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HERMITAGE BLVD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VAS	[ ] DELETE
NAME	GOOD, LUANNE K	
STREET ADDRESS	1801 HERMITAGE BLVD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	P	[ ] DELETE
NAME	EDELMAN, HOWARD	
STREET ADDRESS	180 N LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VTAS	[ ] DELETE
NAME	SMITH, ROGER E.	
STREET ADDRESS	180 N LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VS	[X] DELETE
NAME	NOELL, JOHN W	
STREET ADDRESS	180 N LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VAS	[X] DELETE
NAME	BURDI, THOMAS M.	
STREET ADDRESS	180 NORTH LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	DVAS	[ ] Change [X] Addition
12 NAME	James W. Horton	
13 STREET ADDRESS	1801 Hermitage Blvd., Suite 600	
14 CITY-ST-ZIP	Tallahassee, FL 32308	
21 TITLE	D	[ ] Change [X] Addition
22 NAME	Jeffrey L. Smith	
23 STREET ADDRESS	1801 Hermitage Blvd., Suite 600	
24 CITY-ST-ZIP	Tallahassee, FL 32308	
31 TITLE	VS	[ ] Change [X] Addition
32 NAME	Thomas D. McCarthy	
33 STREET ADDRESS	180 North LaSalle Street	
34 CITY-ST-ZIP	Chicago, IL 60601	
41 TITLE	VAS	[ ] Change [X] Addition
42 NAME	Karen Kurnick	
43 STREET ADDRESS	180 North LaSalle Street	
44 CITY-ST-ZIP	Chicago, IL 60601	
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas W. Bennett, Director 2-12-99 850-488-4406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE